## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE

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ST. ONGE STEWARD JOHNSTON & REENS LLC

986 BEDFORD STREET STAMFORD, CT 06905-5619

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Caroline B. Gahagan	(Depositor's name)
Cell	(Signature)
July 8, 2003	(Date)

ATTORNEY DOCKET NO. CONFIRMATION NO. **WEMAR** FIRST NAMED INVENTOR FILING DATE APPLICATION NO. 10294-539001 5745 Charles E Covatch 09/686,546 10/11/2000

TITLE OF INVENTION: METATARSAL PROTECTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	07/21/2003
EXAMI	NER	ART UNIT	CLASS-SUBCLASS		
STASHICK, A	NTHONY D	3728	036-07200R		
CFR 1.363).  Change of correspond Address form PTO/SB/1	nce address or indication of lence address (or Change of 22) attached. tion (or "Fee Address" Indi- or more recent) attached.	Correspondence	2. For printing on the patent fr the names of up to 3 registered or agents OR, alternatively, (2 single firm (having as a men attorney or agent) and the na registered patent attorneys or ag is listed, no name will be printed	) the name of a her a registered mes of up to 2 gents. If no name	ge Steward ston & Reens

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

Columbia	Insurance	Company

## Omaha, Nebraska

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XIX Issue Fee  ☐ Publication Fee	XX A check in the amount of the fee(s) is enclosed.				
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Advance Order - # of Copies	The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-4516 (enclose an extra copy of this form).				
Commissioner for attents is requested to apply the I	ssue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.				
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7/08/03

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